

TOWN OF WESTFORD
Collector's Office
REQUEST FOR
TAX INFORMATION
978-692-5506

NAME _____ TELEPHONE _____

ADDRESS _____

SIGNATURE (required) _____

Real Estate Tax – for Calendar Year(s) _____

Street address of property _____

Parcel ID (may be found on Assessors Web Site) _____

EXACT name in which property is assessed _____

Please fill out a form for each parcel requested

Fee \$2.00 per parcel

Motor Vehicles Excise Tax for calendar years(s) _____

EXACT name of owner or leasing company of the vehicle(s) _____

Fill in the Make (not model), Year, and Plate # (required for lookup)

Vehicle #1

Vehicle #2

Vehicle #3

Vehicle #4

Make & Year

Plate

Please fill out a separate request for each vehicle owner.

Fee \$1.00 per vehicle

Please send completed form and payment to: **Collector's Office, 55 Main Street, Westford, MA 01886**
Check payable to: **The Town of Westford**

YOU MUST INCLUDE A STAMPED, SELF-ADDRESSED ENVELOPE AND THE FEE WITH YOUR REQUEST

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